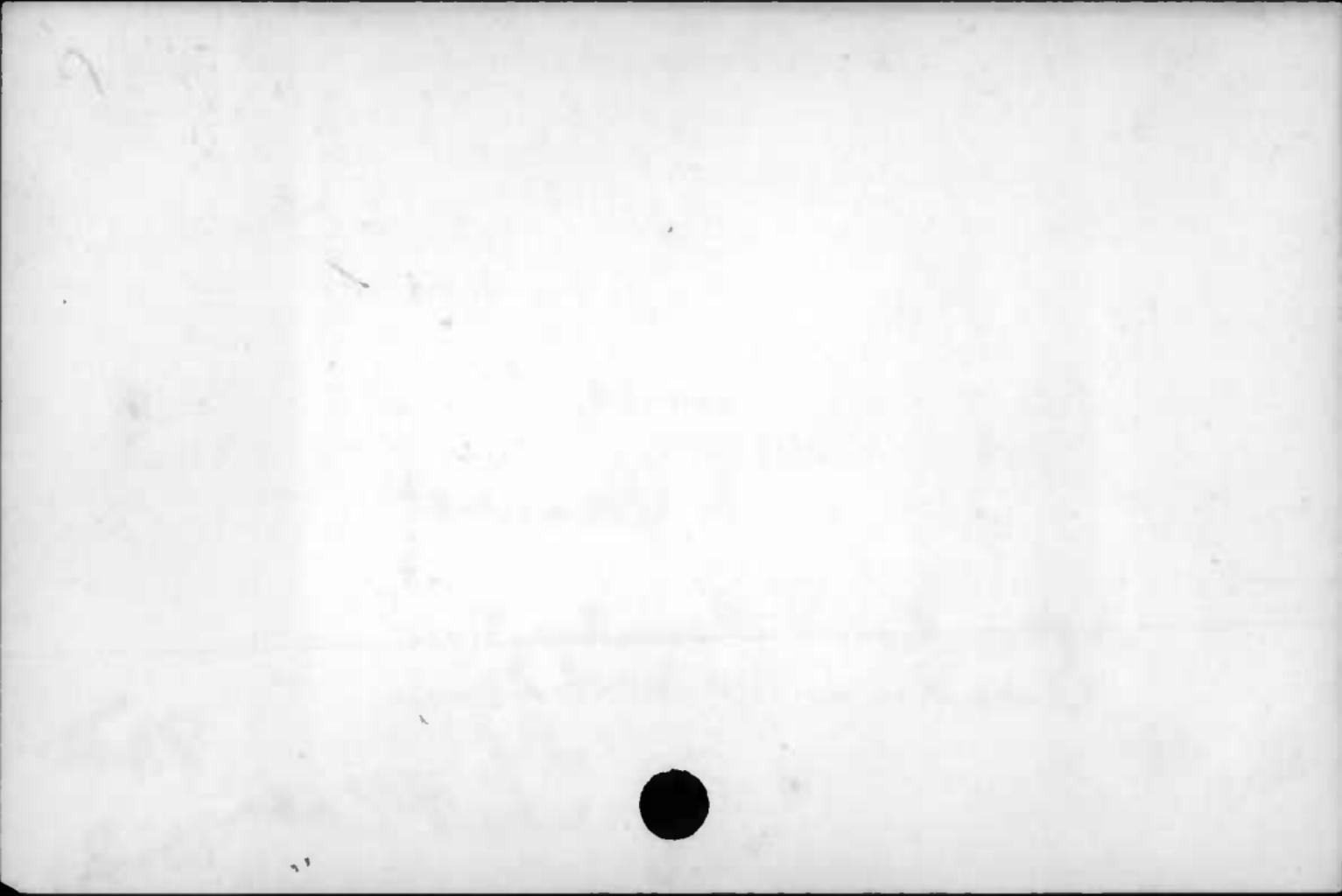


Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<i>Hester Elizabeth Beall</i>						CERTIFICATE OF DEATH	
Died at <i>Beth Aaron</i> <small>Town</small>			County <i>Charles</i>			MARYLAND	
Date of death <i>1907</i>	Month <i>Sep</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>56</i>	
Sex <i>Female</i>	Color or Race <i> Caucasian</i>		Where Residing if not at place of death <i>—</i>		Birthplace <i>Washington D.C.</i>		
Occupation <i>—</i>	Name of Wife or Husband <i>—</i>		—		—		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		—		—		
Father's Name <i>Richard Henry Beall</i>	Name of Wife or Husband <i>—</i>		—		Father's Birthplace <i>Charles Co</i>		
Mother's Maiden Name <i>Margaret Sarah Cath. Smart</i>	Name of Wife or Husband <i>—</i>		—		Mother's Birthplace <i>Charles Co</i>		
Name of person giving information <i>Mrs. M. E. Beall</i>	Name of Wife or Husband <i>—</i>		—		How related to deceased <i>Grandmother</i>		
CAUSES OF DEATH							
Primary	<i>Premature Birth</i>		How long <i>Since Birth</i>		<i>151</i>		
Immediate	<i>Malnutrition</i>		How long <i>10 hours</i>				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		<i>E. Beall</i>		
<i>—</i>			Address		<i>Beth Aaron</i>		
Accident or Suicide?			<i>—</i>		<i>Ind</i>		



Name  
in  
Full

John H Boswell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 190	Month	Age	months	Days
Sex	Color or Race	Occupation	Birth- place	
Married, Single or Widowed	Single		Single	
Name of Wife or Husband	Lillian Boswell.		Father's Birthplace	MD
Father's Name			Mother's Birthplace	MD
Mother's Maiden Name	Nell Brown		How related to deceased	
Name of person giving Information	Hannah Boswell			

CAUSES OF DEATH

106

How long

How long

PHYSICIAN  
OR CORONER

Primary

Inflammation of Bowels  
Asethenia and Heart Disease

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

S. L. Hanna M.D.  
Latrobe, Pa.

Accident or Suicide?



Name  
in  
Full

George Bowie

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Waujenny</u> Town		County <u>Charles</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Sept</u>	Day <u>5</u>	Years	Months	Days <u>3</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Age <u>91</u>	Birthplace <u>Waujenny, Md</u>		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>John Bowie</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Angie Bowie</u>	Mother's Birthplace <u>9/101</u>				
Name of person giving information <u>Pealer, Rindra</u>	How related to deceased <u>house</u>				

CAUSES OF DEATH

72

How long

How long

Primary

Infantile Scoliosis

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature  
Physician

Address

James W. Wheeler  
Sub-Registrar  
Grayton and  
LIBRARY BUREAU ADDRESS

Accident or Suicide?



Ann Saunders Fransville

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at		Mar McCorchis	Charles				
Date of death	1907	Month	9	Day	9	Years	about 80
Sex	Female	Color or Race	Colored		Months	—	
Occupation	Midwife	Where Residing if not at place of death			Birth- place	Chas Co	
Married, Single or Widowed	Widow	Name or Husband		Name of deceased			
Father's Name	Saunders		Name of deceased			Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information	Richard Dean					How related to deceased	None

PHYSICIAN  
OR CORONER

Primary

Gastric ulcer

103

Name of deceased

How long

Tobacco for years

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

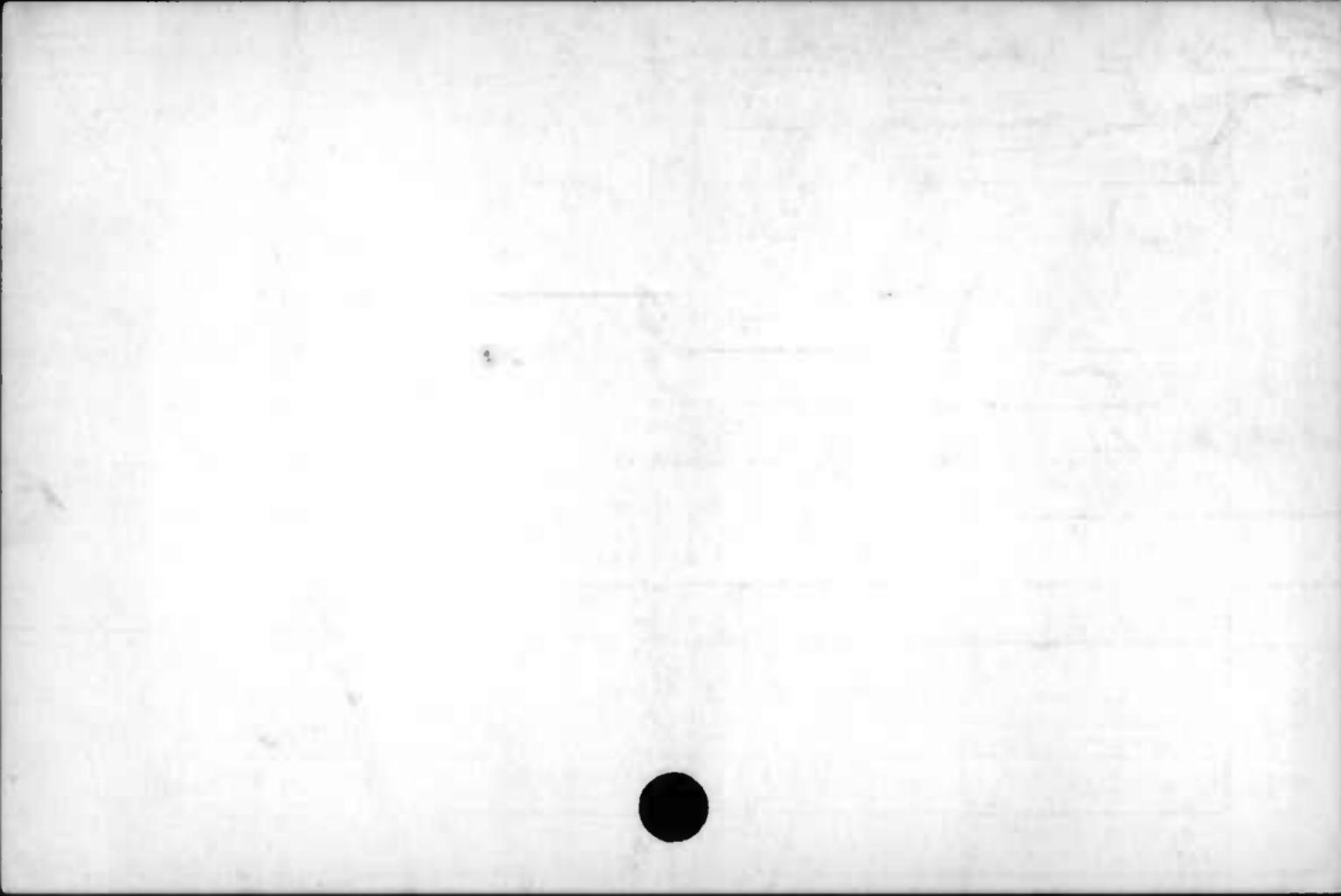
Done to my

Signature of  
Physician

Address

Geo. T. Biggs  
Port Tobacco

Accident or Suicide?



Name  
in  
Full

James Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County		
Died at Waldorf	Charles		
Date of death 1907	Month Sept	Day 18	Years 22
Sex Male	Color or Race Colored	Age	Months - Days -
Occupation Pinewood Cutter	Where Residing if not at place of death <del>at home</del>		
Married, Single or Widowed Single	Name of Wife or Husband -	✓	
Father's Name Harry Brown	Father's Birthplace Eng		
Mother's Maiden Name Olivia Hart	Mother's Birthplace Eng		
Name of person giving information Frank Brown	How related to deceased Brother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

27

How long

six or eight months

How long

short while

Immediate

Strangulation

Are the name, age, sex, color, date and place correctly given above?

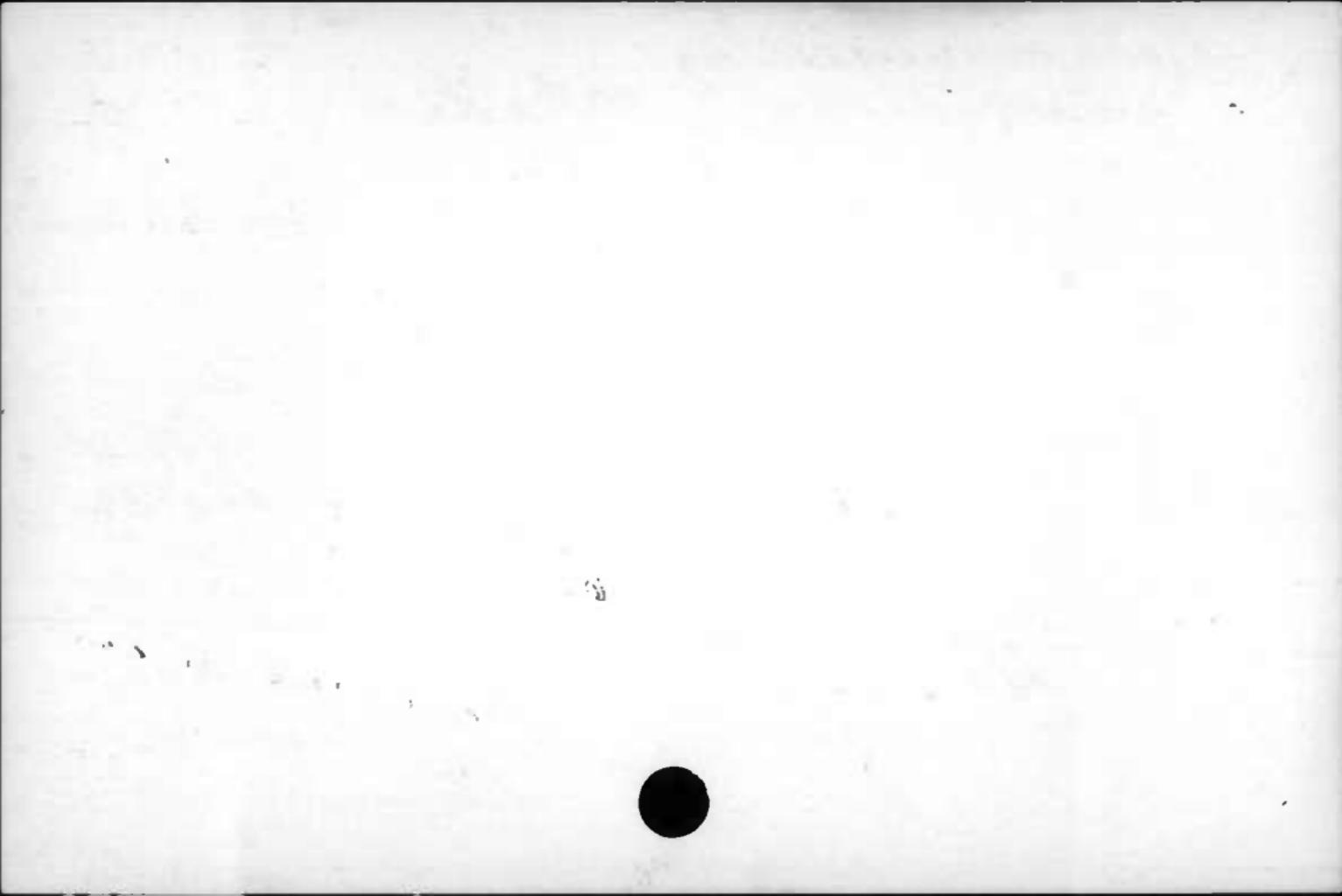
Yes

Signature of Physician

Address

J. O. Brown  
Waldorf, Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1907		9	17	7	3	
Sex	Male		Color or Race	Black		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Bryantown Md			
Father's Name	Joseph Butcher		Father's Birthplace			Md
Mother's Maiden Name	Deresa Young		Mother's Birthplace			Md
Name of person giving information	Jno Young		How related to deceased			Uncle

CAUSES OF DEATH

169

How long

7 days

How long

5 hours

PHYSICIAN  
OR CORONER

Primary

Stroke

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

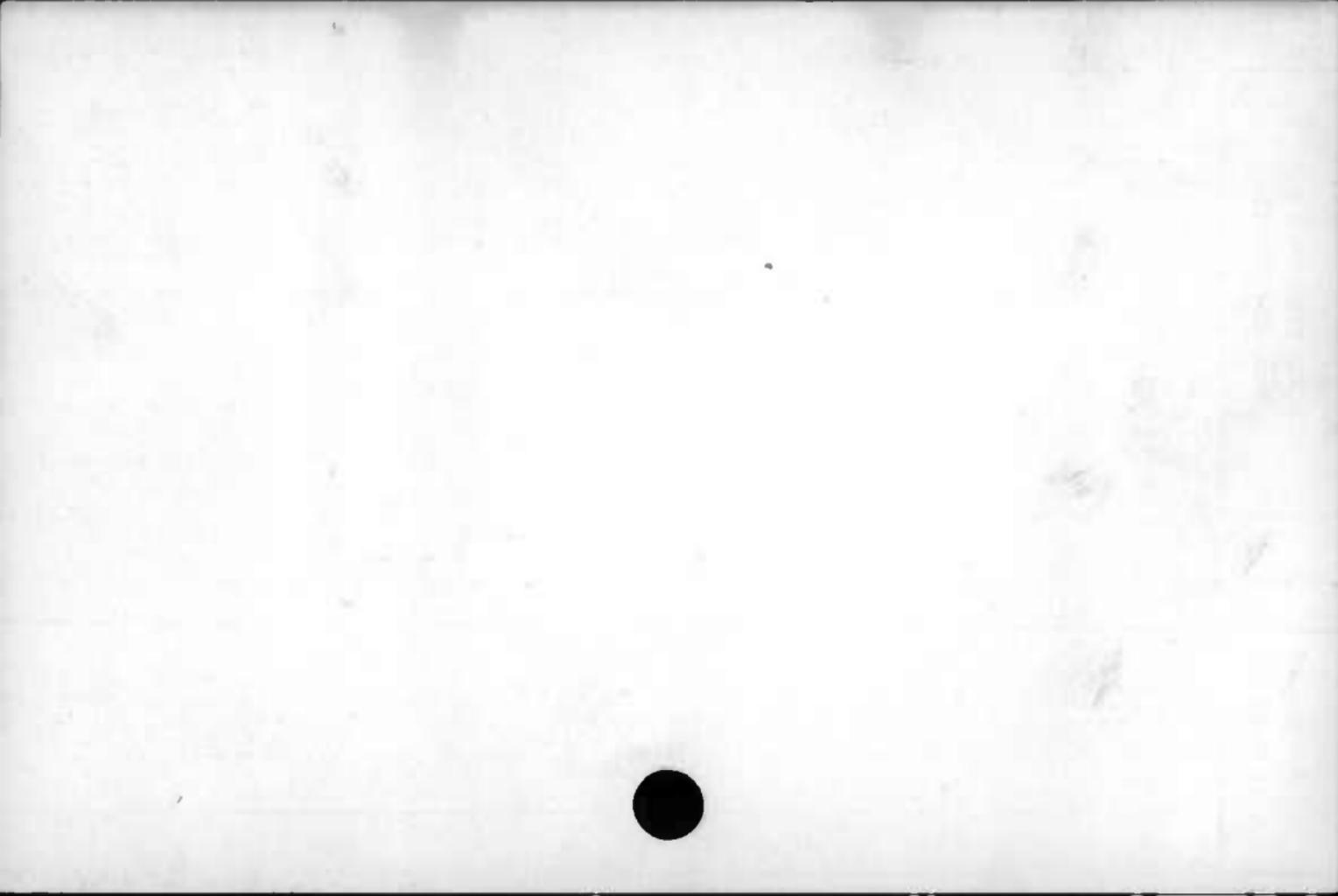
Signature of Physician

H. G. Chapman M.D.

Address

Bryantown  
Md

Accident or Suicide?



Name  
in  
Full

Thomas A. Butler

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1907	Month Sep	Day 6	Years	Months	Days	
Sex	Male	Color or Race	Age		Birthplace		
Occupation		Where Residing if not at place of death			Charles Co		
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Thom. B. Butler			Father's Birthplace	Charles Co	
Mother's Maiden Name		Mary Francis Clark			Mother's Birthplace	Charles Co	
Name of person giving Information		Thom. B. Butler			How related to deceased	Father	

CAUSES OF DEATH

151

Primary

Low Vitality (Premature Birth)

How long

since Birth

Immediate

traumia

How long

Are the name, age, sex, color, date, and place correctly given above?

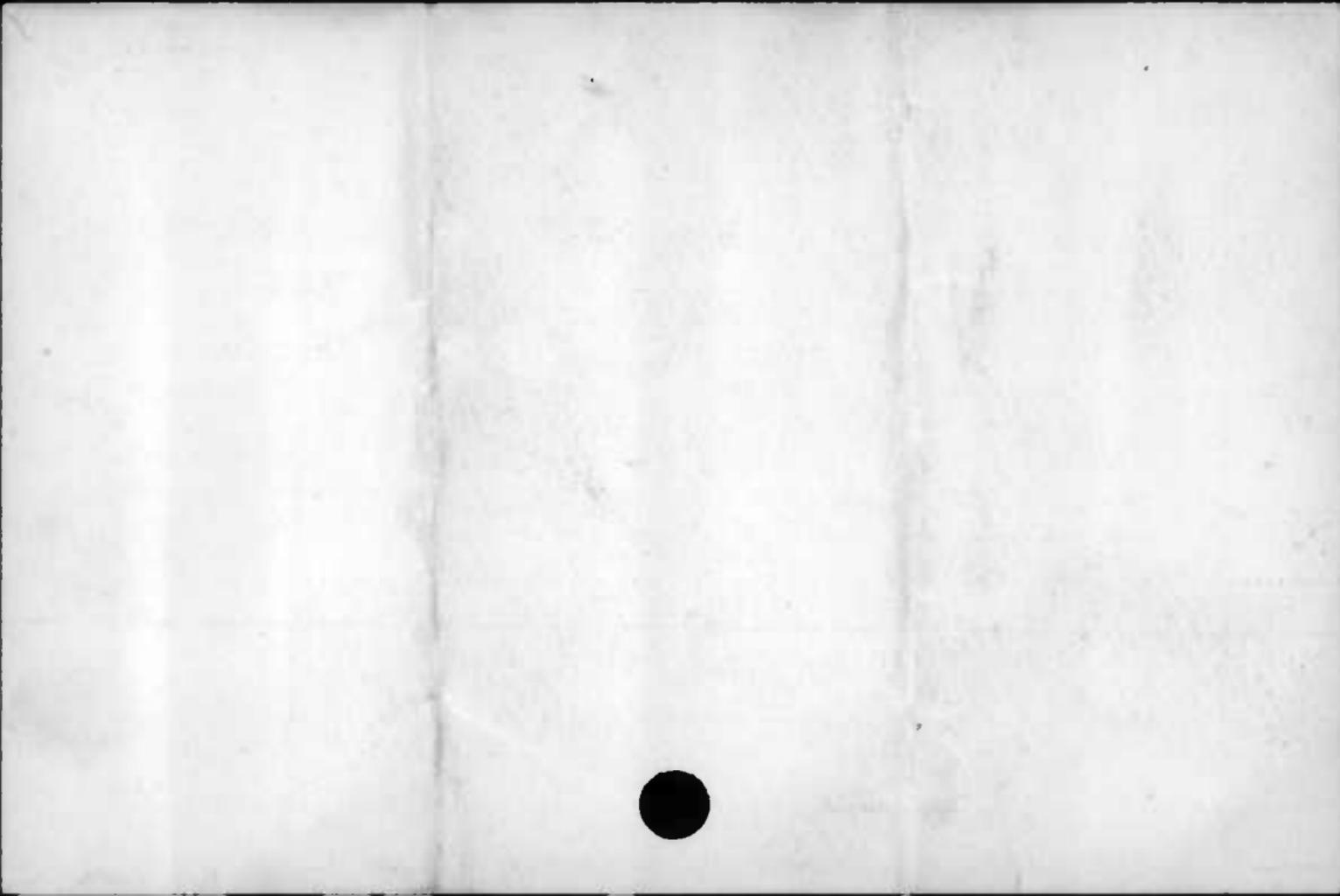
yes

Signature of Physician

Oppenauer  
Bel Aerson  
not

Accident or Suicide?

Address



Name  
in  
Full

Agnes G. Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1907	Month Sep	Day 25	Years	Months 5	Days
Sex	Female	Color or Race	African		Birth-place	Charles Co.
Occupation				Where Residing if not at place of death	<del>Charles Co.</del>	
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	Frank Chase			Father's Birthplace	Charles Co.	
Mother's Maiden Name	Margie Ford			Mother's Birthplace	Charles Co.	
Name of person giving information	Frank Chase			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary **Erysipelas** (105) How long 4 weeks  
Immediate **Broncho - Pneumonia** How long + days

Are the name, age, sex, color, date and place correctly given above?

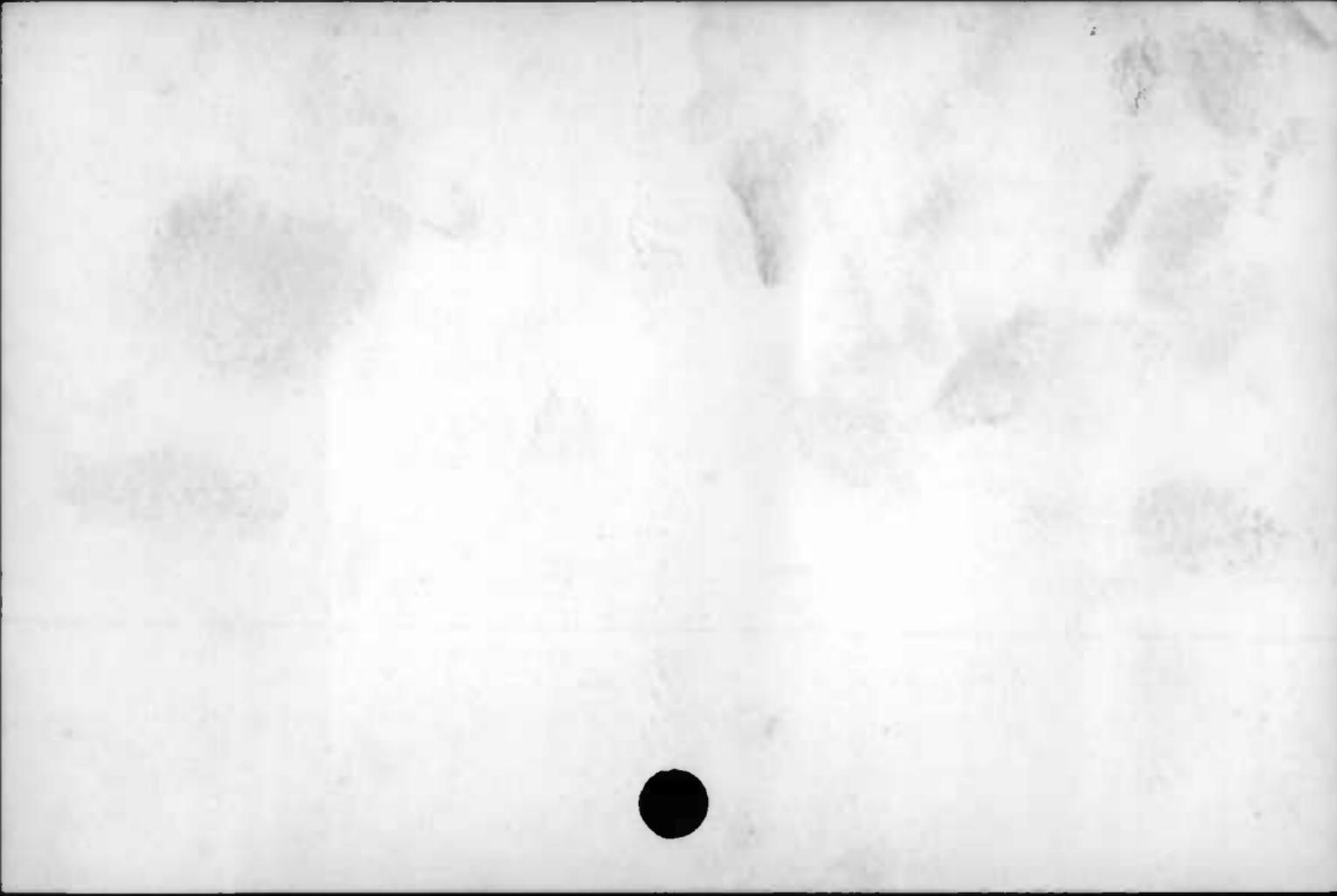
yes

Signature of Physician

Address

Edmund  
Bel Aire  
Md.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1907	Month Sept	Day 10	Years	Months 1
Sex	Female	Color or Race	Dark	Birth-place	Birth-place
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Carrie Dyson  
Bromley, Md  
Dark  
All place of death  
Carrie Dyson  
Rebecka Nixon  
Carrie Dyson

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Strangled from nursing.

176

How long

Immediate

Slow pulse

How long

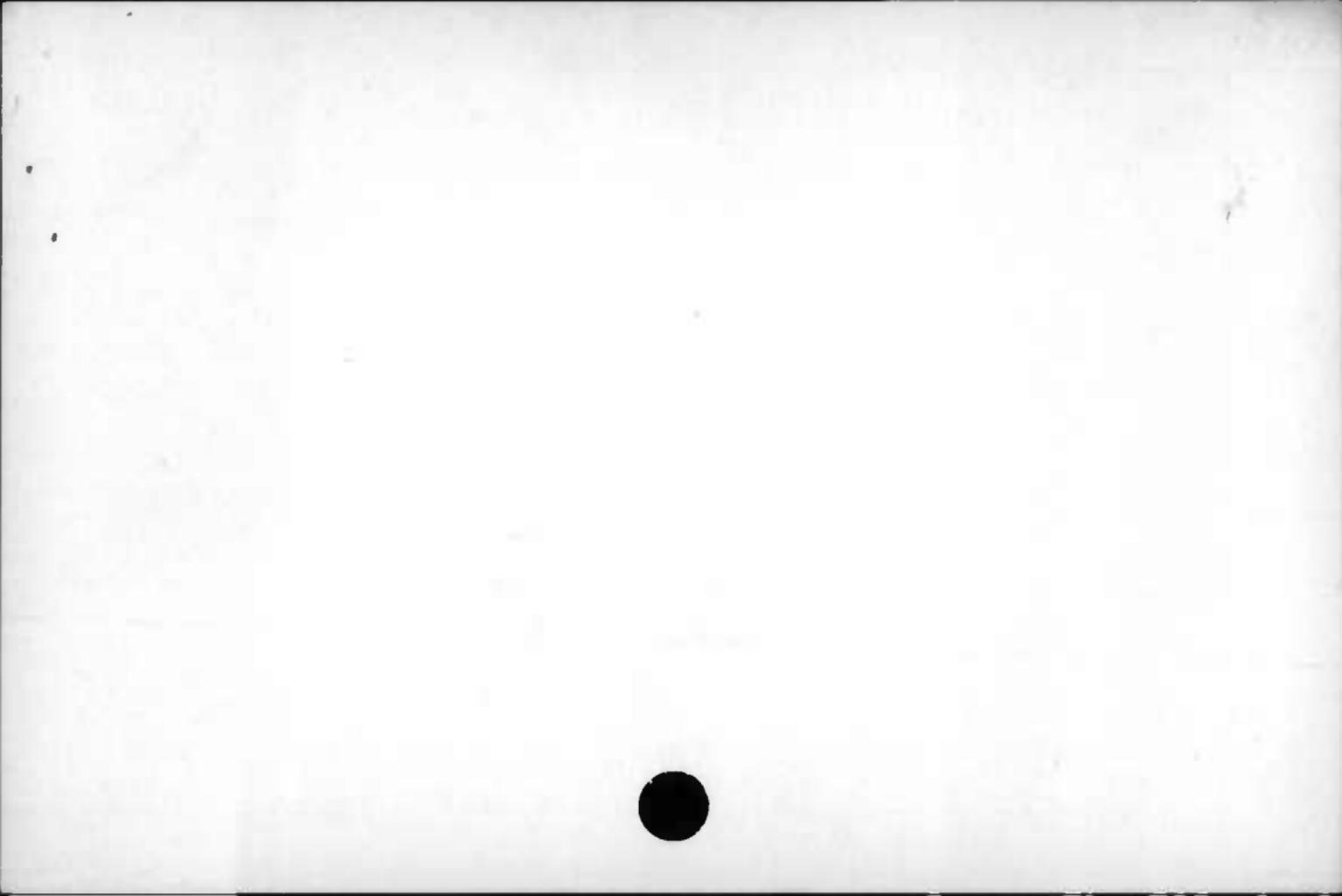
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Marshall  
Sub Reg

Accident or Suicide? Accidental.



Name  
in  
Full

Henry Ford

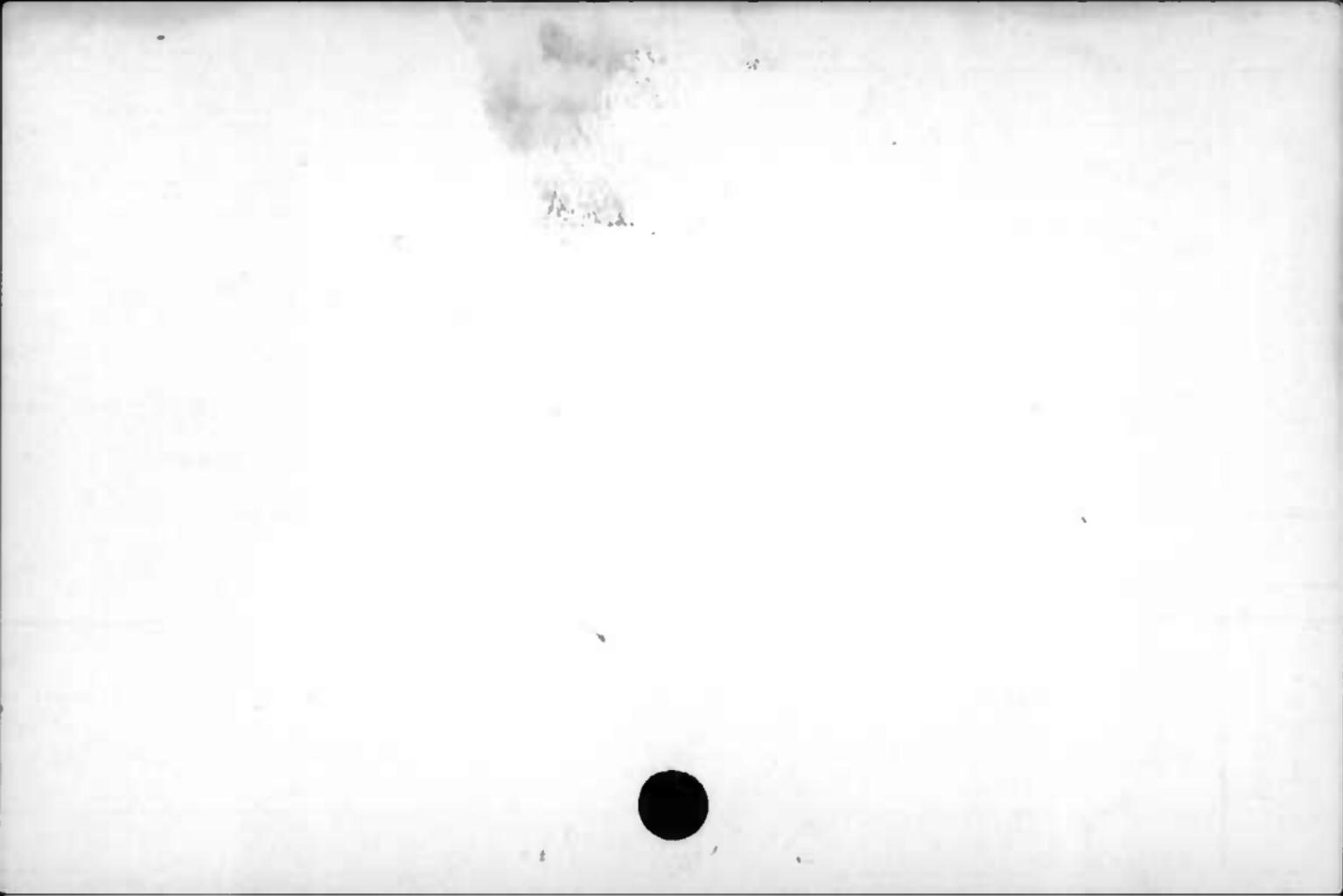
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Sept	Day 23	Years 72	Months	Days
Sex	Male	Color or Race	Black	Birthplace	Md	
Occupation	Farming			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Married	Henry Ford		
Father's Name	John			Father's Birthplace	Unknown	
Mother's Maiden Name	Lillian			Mother's Birthplace	Unknown	
Name of person giving Information	J.W. Michell			How related to deceased	None	

CAUSES OF DEATH

Primary	Stroke	169	How long
Immediate	Heart-failure		2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
J.W.		O.H. Chappell	2 hrs.
Address		Henry Ford 729	
Accident or Suicide?		Q	



Name  
in  
Full

Millard Greenfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Hughesville</u>		Town	County <u>Chas</u>	MARYLAND		
Date of death <u>1907</u>	Month <u>9</u>	Day <u>18</u>	Years <u>—</u>	Months <u>3</u>	Days <u>—</u>	
Sex <u>male</u>	Color or Race <u>colored</u>	Birthplace <u>Md. Kas. Ga</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Jas. Greenfield</u>	Father's Birthplace <u>Chas Ga.</u>					
Mother's Maiden Name <u>Bettie Chas</u>	Mother's Birthplace <u>—</u>					
Name of person giving information <u>Jas Greenfield</u>	How related <u>son</u> How increased <u>father</u>					
CAUSES OF DEATH						
Primary <u>calcareous deposits</u>	How long <u>105</u>					
Immediate <u>—</u>	How long <u>—</u>					

Are the name, age, sex, color, date and place correctly given above?

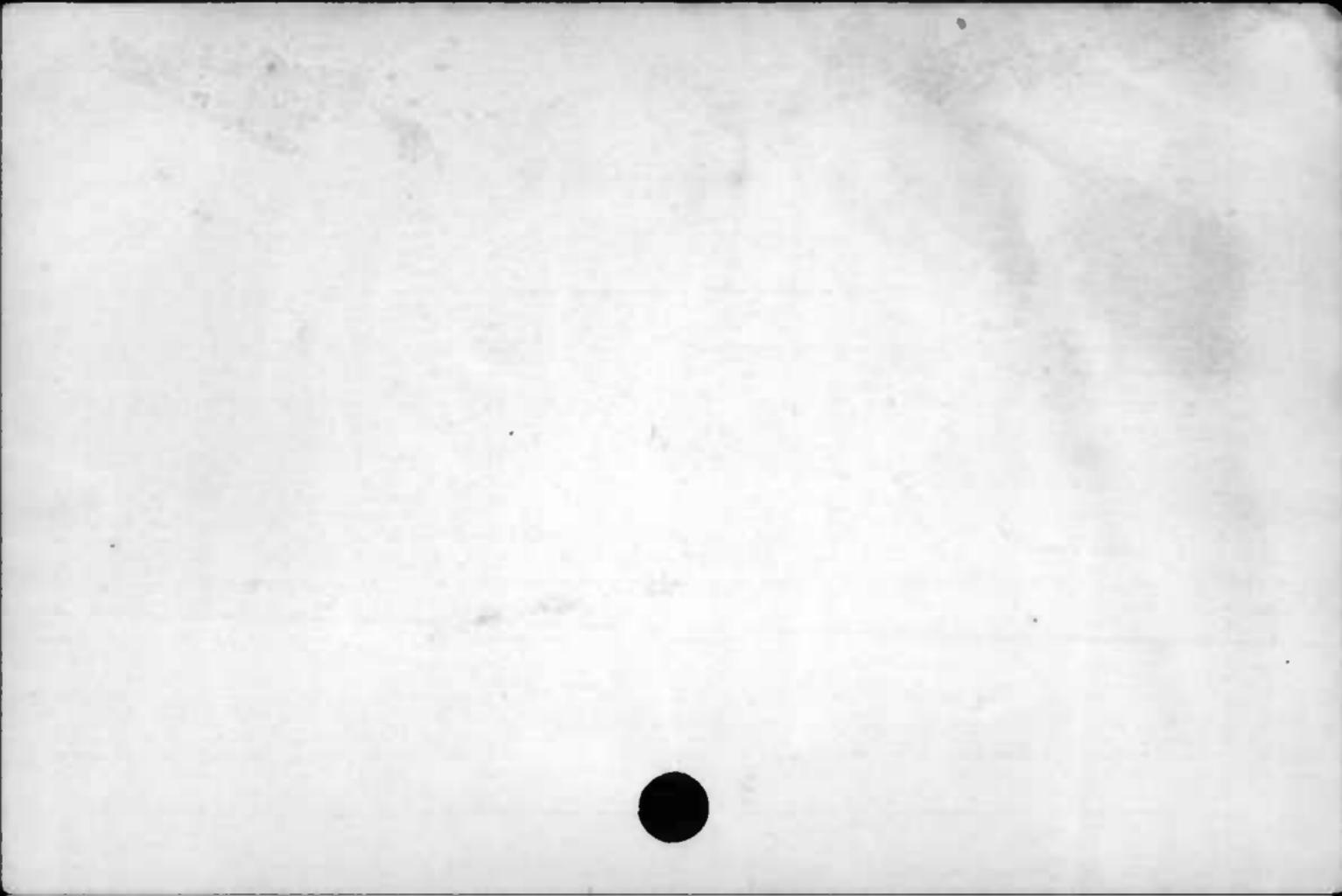
yes

Signature of Physician

Address

108 Chesapeake  
Report

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Thomas B. Hamilton

CERTIFICATE OF DEATH

Died at <u>Near Waldorf</u>		Town	<u>Chas</u>	County	MARYLAND	
Date of death <u>1907</u>	Month <u>9</u>	Day <u>8</u>	Years <u>—</u>	Age <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Hopkins</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>			<u>—</u>		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		Father's Birthplace <u>Chas Co</u>		Mother's Birthplace <u>P. G. "</u>	
Father's Name <u>Wm R. Hamilton</u>	Mother's Maiden Name <u>Maggie A. Snook</u>		How related to deceased <u>Father</u>			
Name of person giving information <u>Wm R. Hamilton</u>						

CAUSES OF DEATH

Primary

Malassimilation

(131)

How long —

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

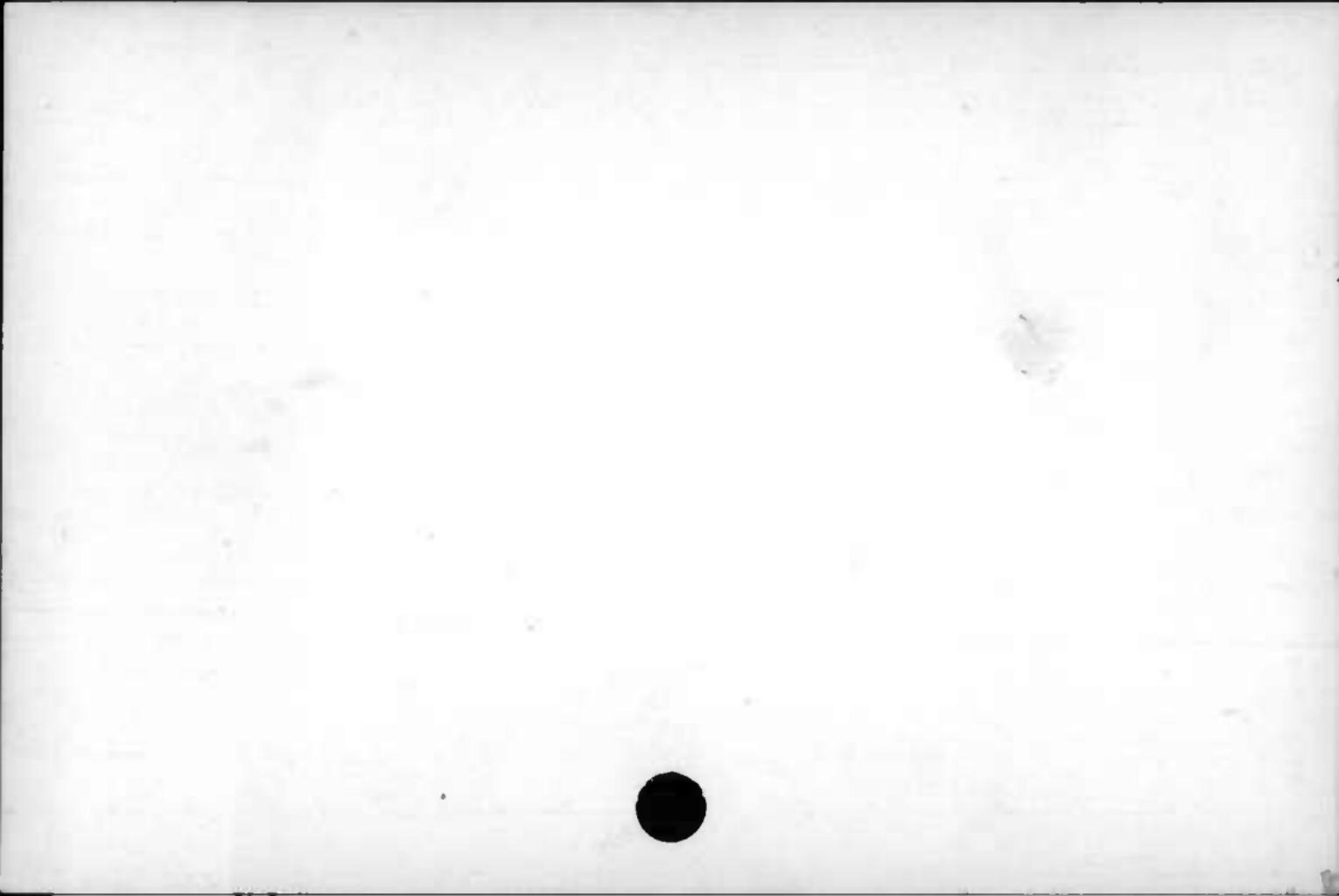
Signature of Physician

None in attendance

Address

J. M. Willerson  
Sub Psg

Accident or Suicide?



Name  
in  
Full

Warren Hawkins

CERTIFICATE OF DEATH

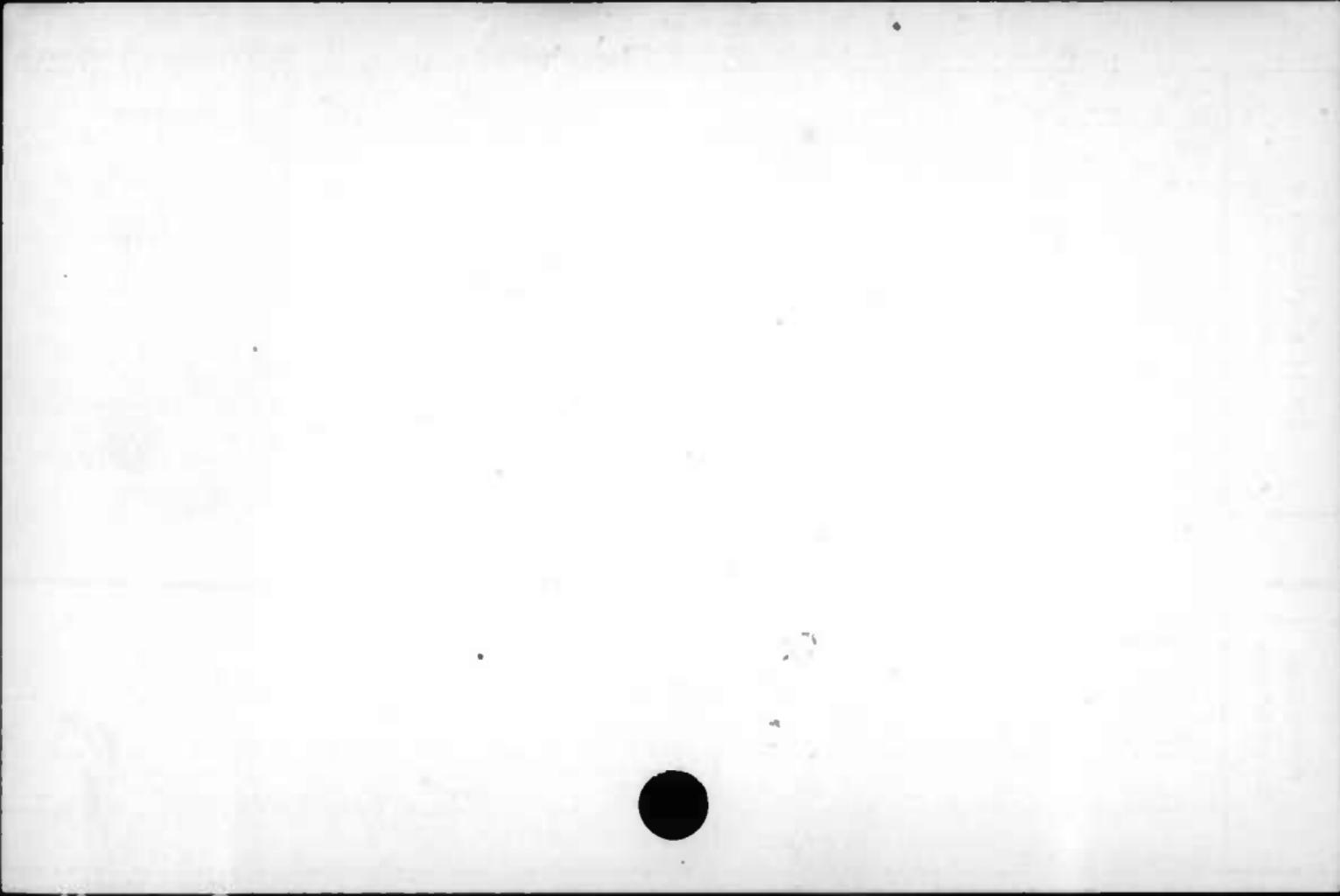
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baltimore</u>		Town <u>Baltimore</u>	County <u>Charles</u>	MARYLAND		
Date of death <u>1907</u>	Month <u>8</u>	Day <u>8</u>	Years <u>57</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>Male</u>	Color or Race <u>Beach</u>	Birthplace <u>Mass</u>				
Occupation <u>Labour on farm</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Mary Ford</u>	Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Unknown</u>	Unknown	Mother's Birthplace <u>Unknown</u>	Unknown			
Name of person giving information <u>Frank Hawkins</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

119

Primary	<u>Bright's disease</u>	How long <u>2 mo</u>
	<u>liver</u>	How long <u>10 days</u>
Immediate		
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Warren Hawkins</u>
		Address <u>1200 Carrollton Avenue</u>
Accident or Suicide? <u>no</u>		



Name  
in  
Full

Charles Robert Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Neckport		Charles			
Date of death	Month	Day	Years	Months	Days
1907	Sept	17	69	5-	13
Sex	Color or Race	White			
Male		Birthplace			
Occupation	Dancer				
Married, Single or Widowed	Name of Wife or Husband	Sarah Rebecca Johnson			
Married		Sarah Rebecca Johnson			
Father's Name	John R. Johnson				
Mother's Maiden Name	Maria Goodrich				
Name of person giving Information	Charles Johnson				

CAUSES OF DEATH

66

How long

10 mos.

How long

about 3 weeks

PHYSICIAN  
OR CORONER

Primary

Paralysis

How long

Immediate

Asthma, etc. Cardiac

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. J. Cecil

Chesapeake

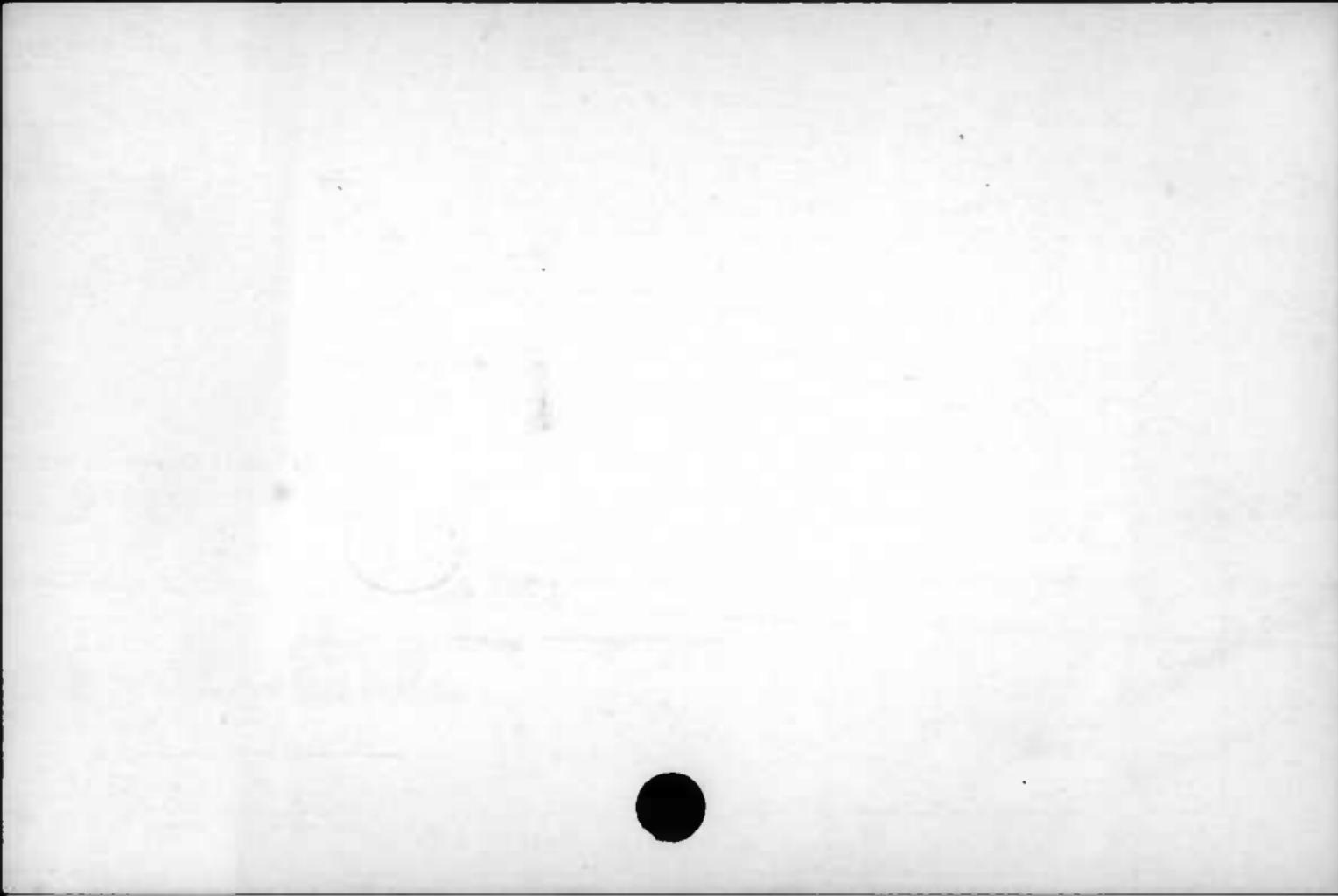
Md

9

9

9

Accident or Suicide?



Name  
in  
Full

William Lee Truack

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Port Republic

County  
Cecil

MARYLAND

Date  
of death 190

Month  
Sept

Day  
5

Years

Age

Months

Days

3/10m

Sex

Male

Color or  
Race

Dark

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Robert Lee Truack

Father's  
Birthplace

Duck

Mother's  
Maiden Name

Addie O'Dwyer

Mother's  
Birthplace

Duck

Name of person giving  
Information

Robert Lee Truack

How related  
to deceased

Father

CAUSES OF DEATH

179

How long

PHYSICIAN  
OR CORONER

Primary

Unknown

How long

Immediate

3 hours

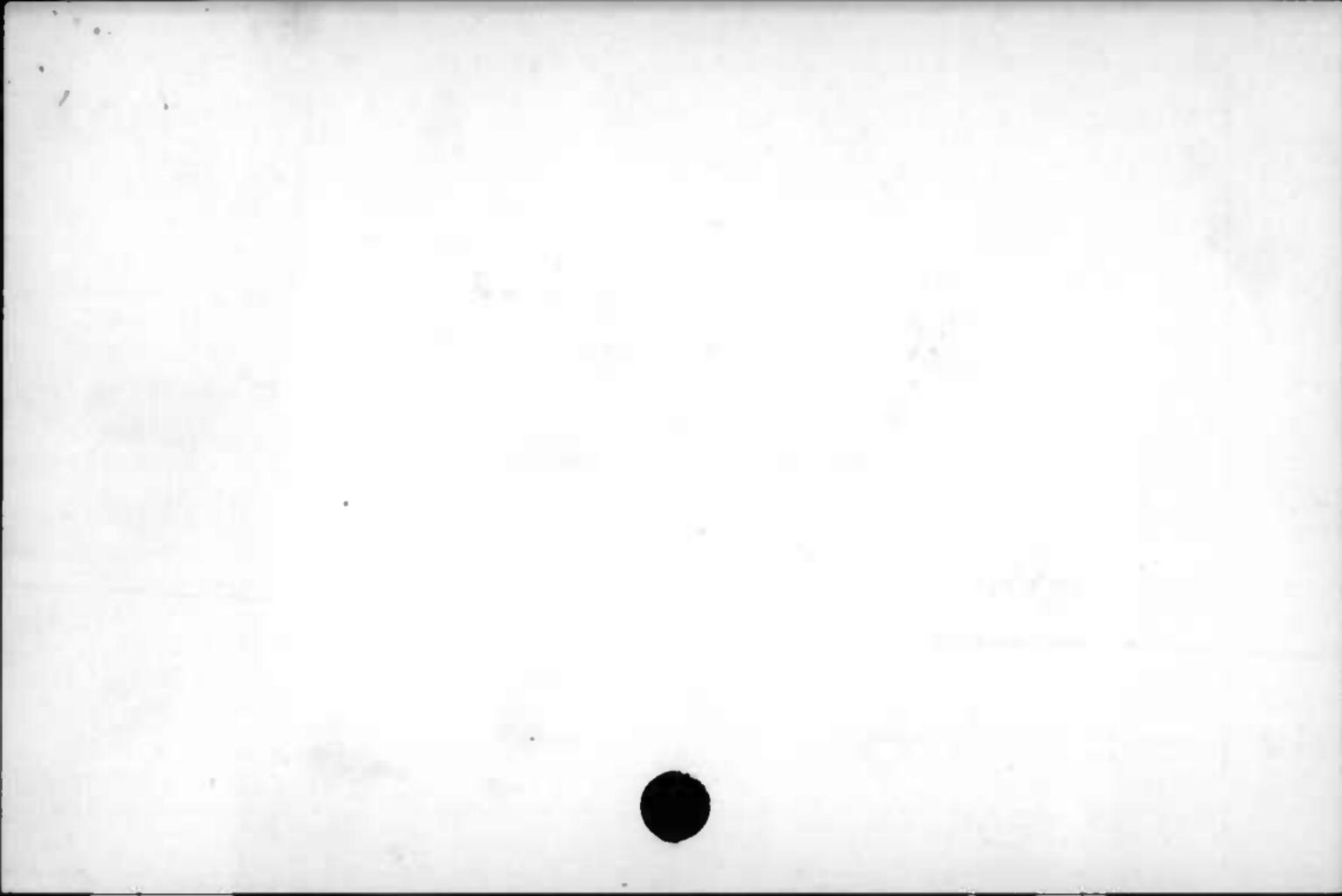
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

John Marshall  
Sub Reg

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1907	Month 9	Day 18	Years —	Months —	Days 30	
Sex Male	Color or Race Colored	Birth-place near White Plains					
Occupation —	Where Residing if not at place of death						
Married, Single or Widowed —	Name of Wife or Husband —						
Father's Name Samuel Marshall	Father's Birthplace White Plains Ind.						
Mother's Maiden Name Eliza Thomas	Mother's Birthplace Chas Co						
Name of person giving Information Samuel Marshall	How related to deceased Father						

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary  
Cholera Infantum

How long

7 hours

Immediate

How long

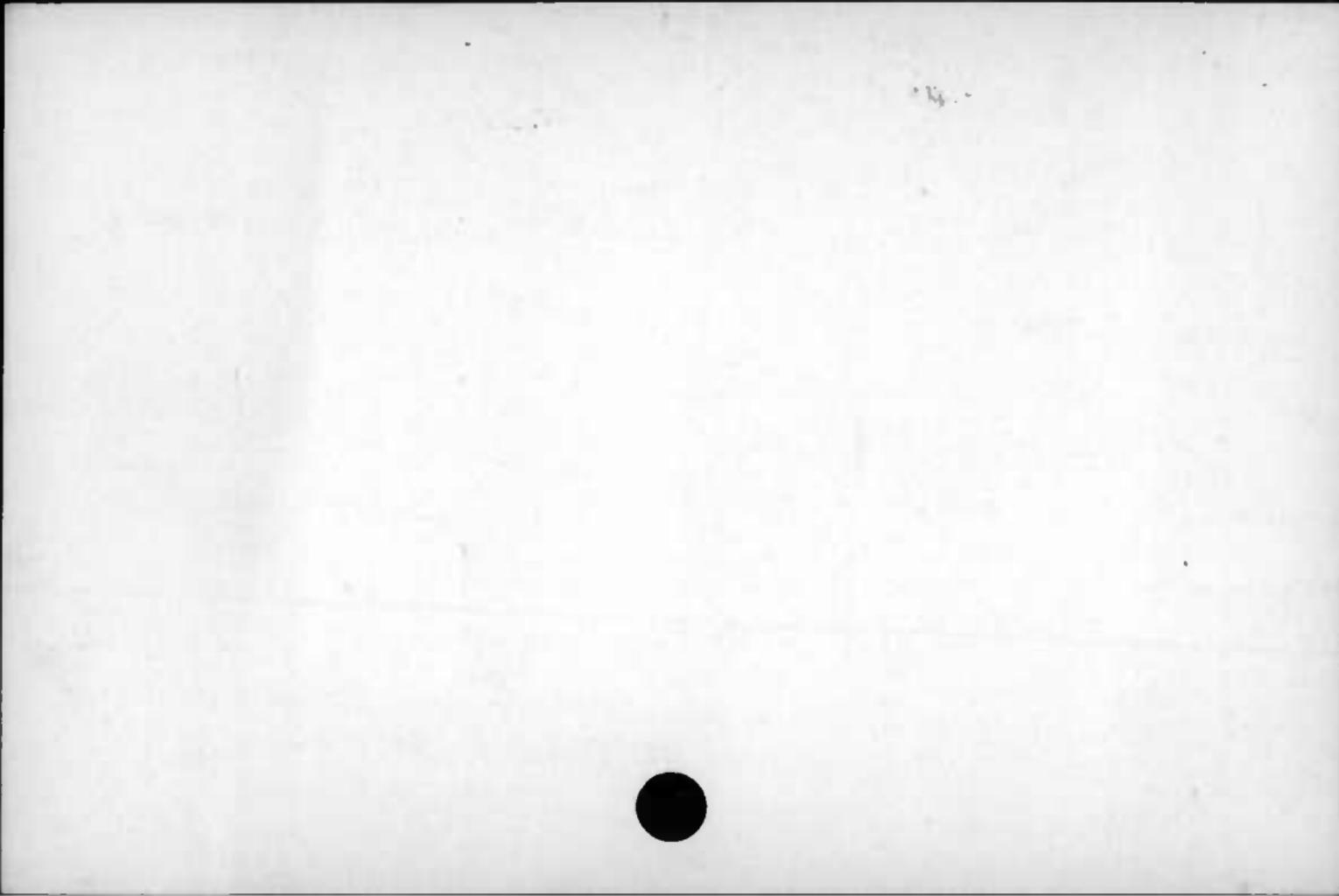
Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

No doctor in attendance  
R. Hampton Cox  
Ta Plate and Sub Reg

Accident or Suicide?



Name  
in  
Full

Joseph Middleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John, Middleton		Father's Birthplace			
Mother's Maiden Name	Mary Ford		Mother's Birthplace			
Name of person giving Information	John Middleton		How related to deceased			

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary  
Not Known

How long  
two weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

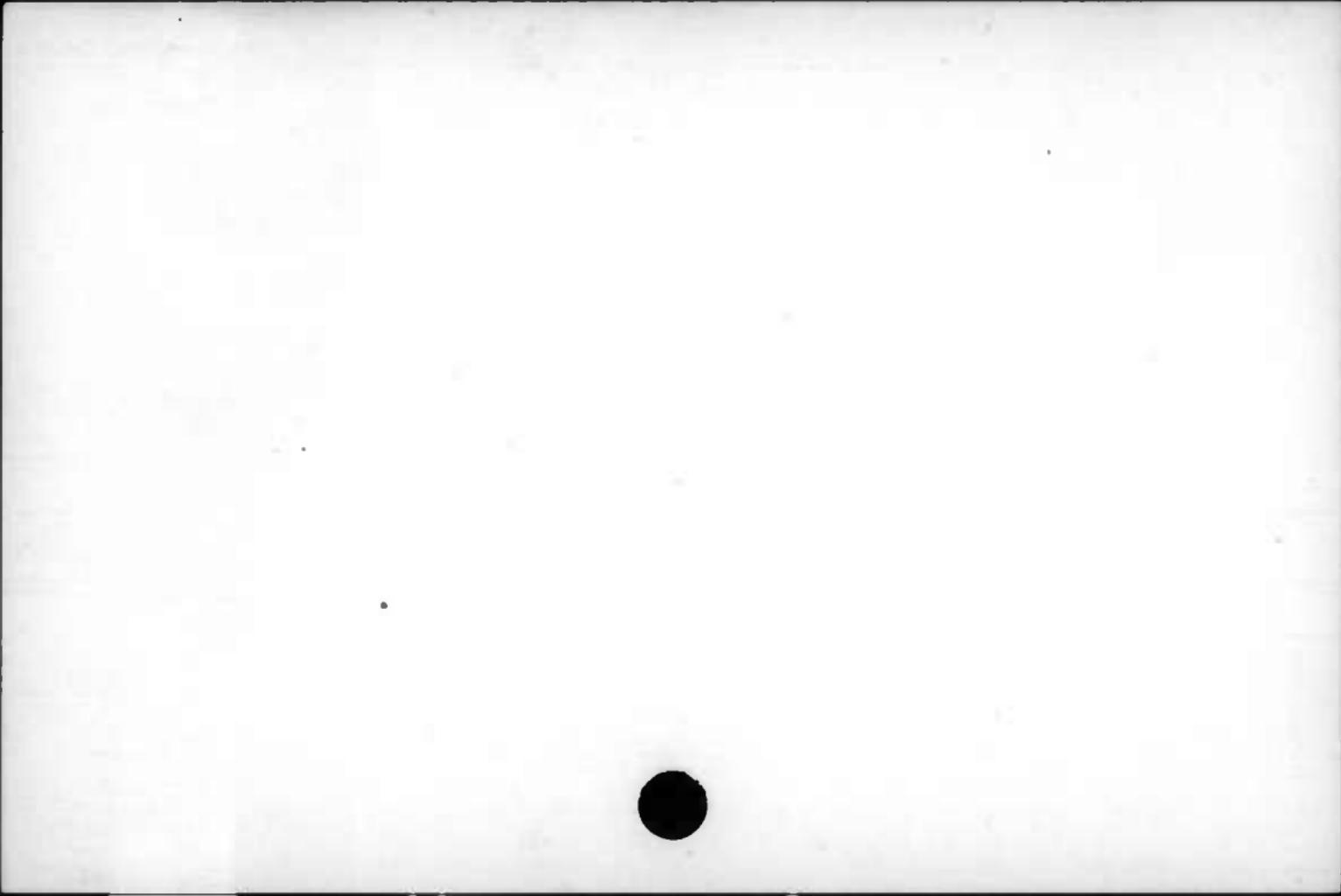
Signature of Physician

yes

Address

W. Syalis  
412 Bay  
Wicomico Md

Accident or Suicide?



Name  
in  
Full

Matilda Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1907	Month Sept	Day 2	Years 72	Months	Days
Sex	Female	Color or Race	African		Birth-place	Charles Co
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Richard Thomas Mitchell			
Father's Name	John Jackson				Father's Birthplace	Charles Co
Mother's Maiden Name	Mary Ann Mathews				Mother's Birthplace	Charles Co
Name of person giving Information	Georgia Jenkins				How related to deceased	Daughter

CAUSES OF DEATH

79

How long

2 years

How long

1 month

Primary

Atherosoma & Cardiac dil.

Immediate

Cardiac Failure

Are the name, age, sex, color, date and place correctly given above?

yes

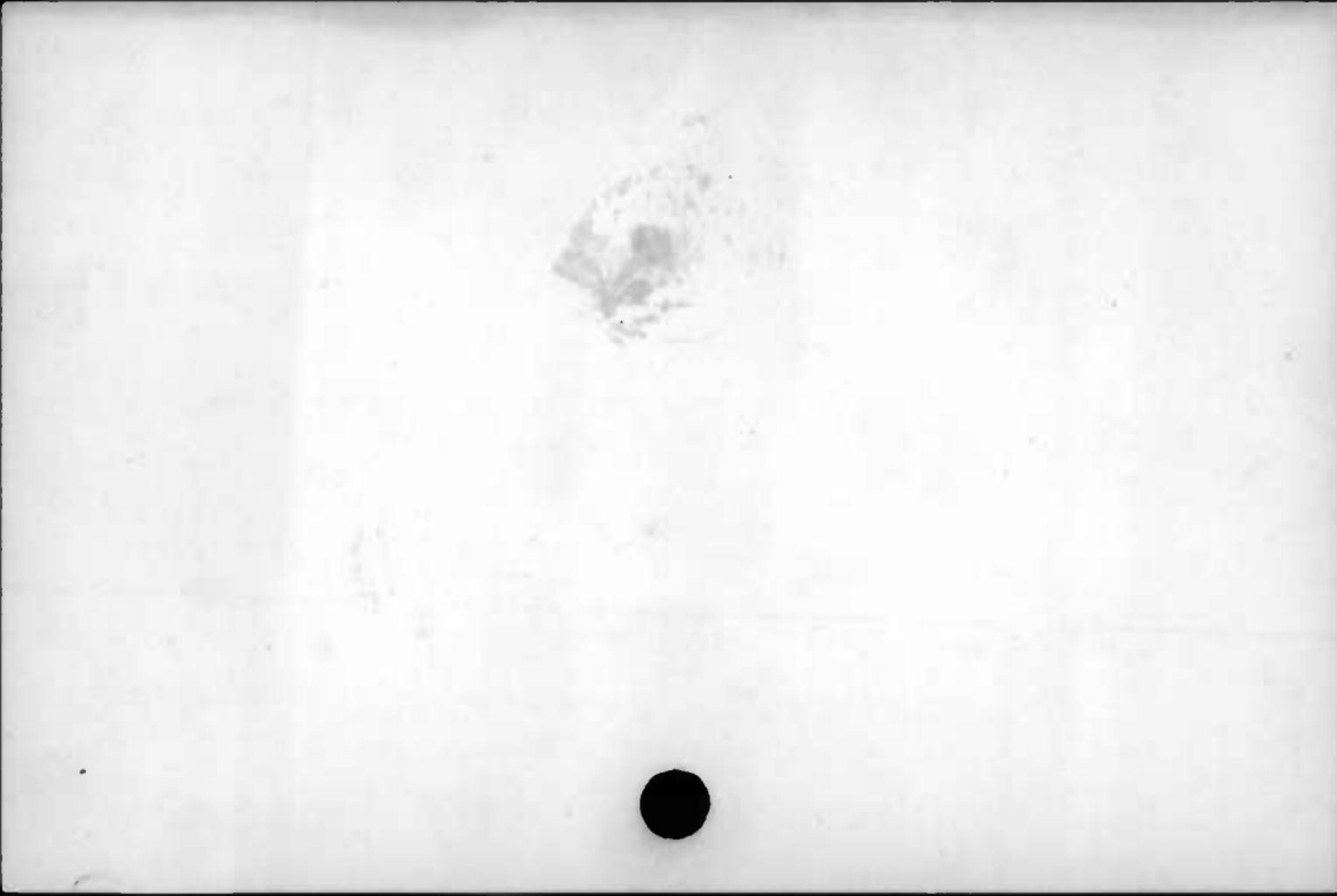
Signature of Physician

Address

Effrancourt

Bel Alm  
Ind

Accident or Suicide?



Name  
in  
Full

Mary Helen Neal

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Vine Ripley		Town	County Charles		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	Sept	15	100	85	13	
Sex Female	Color or Race Mulatto	Birth- place Chas - Co				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	✓				
Father's Name Tom Neal	Father's Birthplace Chas - Co					
Mother's Maiden Name Catherine Queen	Mother's Birthplace Chas Co					
Name of person giving Information Bell Queen	How related to deceased Sister					

CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary

Congenital heart trouble

From birth

Immediate

Exhaustion

8 days

Are the name, age, sex, color, date  
and place correctly given above?

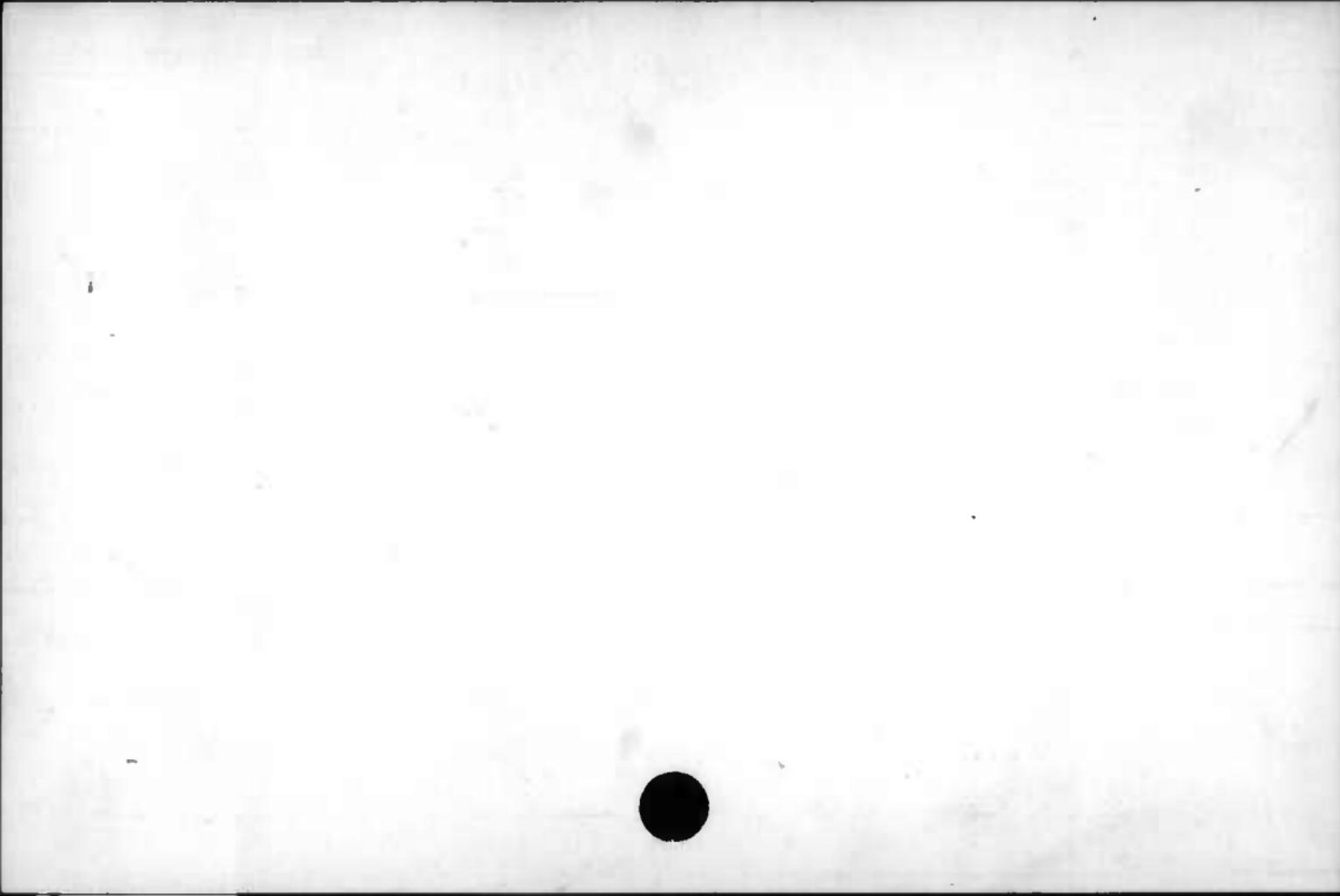
Yes

Signature of  
Physician

Address

Geo. T. Diggins  
Port Tobacco

Accident or Suicide?



Name  
in  
Full

Henry Penn

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death 190		Month	Day	Years	Months
10/25		25	Age	2	Days
Sex	Hude	Color or Race	white	Birth-place	Death
Occupation	at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John T. Penn				
Mother's Maiden Name	Mary C. Heavy				
Name of person giving information	John T. Penn				

CAUSES OF DEATH

71

How long

PHYSICIAN  
OR CORONER

Primary

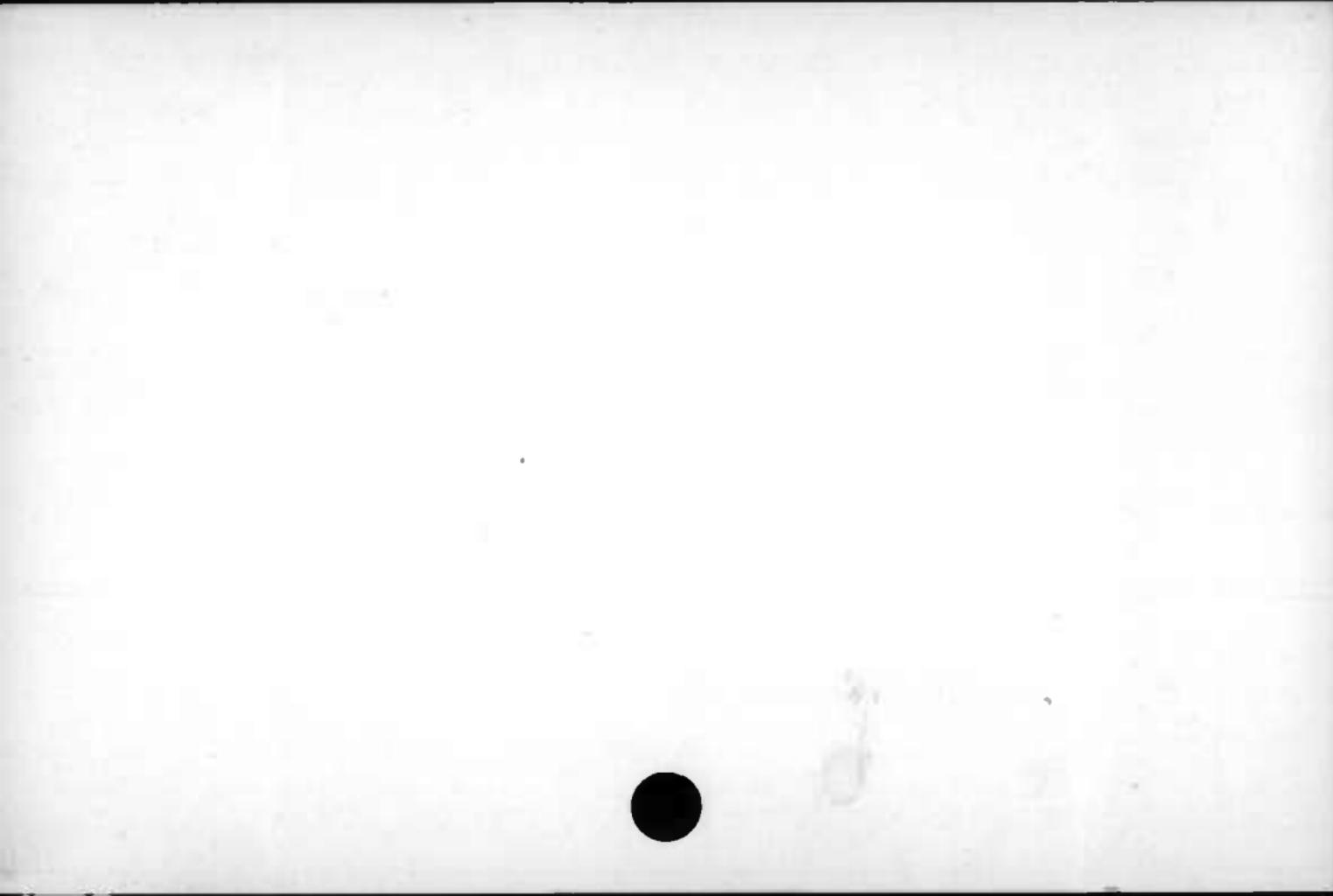
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<i>John A. Penny</i>				CERTIFICATE OF DEATH		
Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	88			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		<i>at place of death</i>			
Father's Name	<i>Wm Penny</i>		Father's Birthplace	- Md -		
Mother's Maiden Name	<i>Mary Dunn</i>		Mother's Birthplace	- Md -		
Name of person giving information	<i>Wm Penny</i>		How related to deceased	<i>Brother</i>		
CAUSES OF DEATH						
Primary	<i>Typhic Fever</i>			①	How long	<i>Two weeks</i>
Immediate	<i>Perforation of bowel</i>			How long	<i>24 hours -</i>	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	<i>J. W. Mitchell</i>	
				Address	<i>Pomorokay</i>	
Accident or Suicide?				<i>No</i>		

~ *De*

Name  
in  
Full

Philip D. Pilkerton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Spring Hill</u>		Town <u>Charles</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Sept</u>	Day <u>2</u>	Years <u>33</u>	Months <u>5</u>	Days <u>-</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>St Marys Co</u>			
Occupation <u>farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband				
Father's Name <u>Joseph E Pilkerton</u>	Father's Birthplace <u>Virginia</u>				
Mother's Maiden Name <u>Mary E Davis</u>	Mother's Birthplace <u>St Marys Co</u>				
Name of person giving Information <u>W. E Pilkerton</u>	How related to deceased <u>brother</u>				

CAUSES OF DEATH

27

How long

about 12 mos.

How long

—

PHYSICIAN  
OR CORONER

Primary

Tuberculosis of Lungs

Immediate

General exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

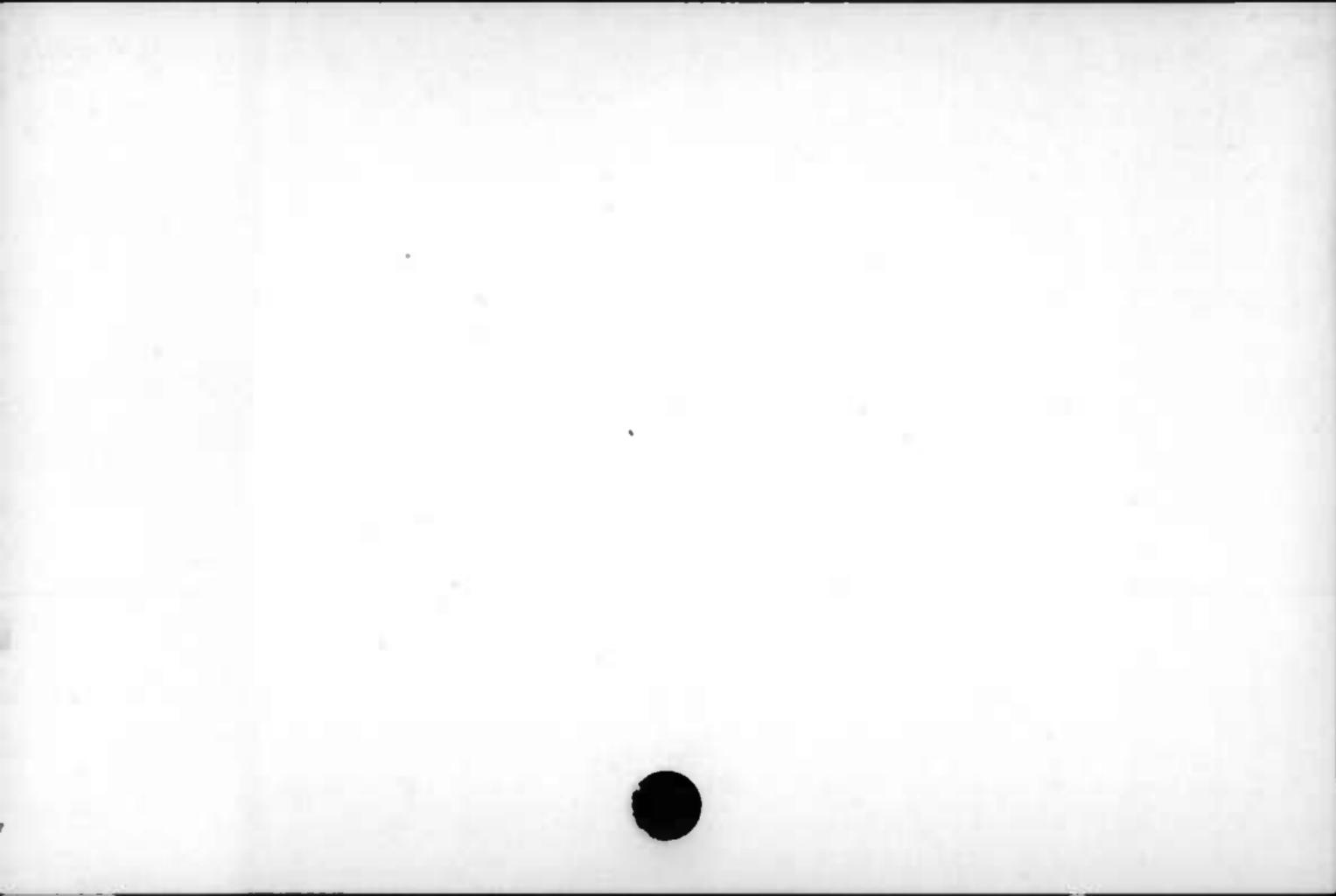
Address

Thos. S. Owen M.D.

La Plata,

Md.

Accident or Suicide?



Name  
in  
Full

Leslie Thaddeus Roberts

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Dear Beaufort</u>		County <u>Charles</u>	MARYLAND	
Date of death <u>1907</u>	Month <u>Sept</u>	Day <u>10</u>	Years <u>—</u>	Months <u>11</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Age <u>—</u>	Days <u>5</u>	Birthplace <u>Charles Co. Md.</u>
Occupation <u>—</u>	Where Residing if not at place of death <u>at home</u>			
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>			
Father's Name <u>Arthur Roberts</u>	Father's Birthplace <u>Charles</u>			
Mother's Maiden Name <u>Mary Berry</u>	Mother's Birthplace <u>Charles</u>			
Name of person giving information <u>Mary G. Roberts</u>	How related to deceased <u>Brother</u>			
CAUSES OF DEATH				
Primary <u>Cerebritis</u>	(60)			
Immediate <u>Strangulation</u>	How long <u>20 days</u>			

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>Yes</u>	<u>G. O. Sisson</u>
<u>Accident or suicide?</u>	<u>Wadsworth</u>
<u>—</u>	<u>8 Mel.</u>

Address



Name  
in  
Full

Mary Jane Potts

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month	Day	Years	Months	Days	
		July	29	Age	41	19	
Sex	Female	Color or Race	Caucasian		Birth-place	Charles Co	
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Peter Jr. Roby				Father's Birthplace	Charles Co	
Mother's Maiden Name	Elizabeth C. Madox				Mother's Birthplace	Charles Co	
Name of person giving information	Walker Thompson				How related to deceased	Cousin	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long	7 months
Immediate	Exhaustion (Inhalation Fum.)		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. Thompson	
		Address	Bld. Adams Bld. Adams Bld. Adams	
Accident or Suicide?				



Name  
in  
Full

Mary Maryland Savoy

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	September	4	Age		22
Sex	Color or Race	Birth-place			
Female	Black	Grayton and			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thomas Savoy	Father's Birthplace	Md		
Mother's Maiden Name	McGaggie Mackie	Mother's Birthplace	Md		
Name of person giving information	Frank Thomas	How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	cold - "desp	87	How long	5-106 days
Immediate	cold.		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	James H. Wheeler	
Sub-registrar states this is		Address	Sub-Registrar - Grayton and	
Accident or Suicide?	correct.			



Name  
in  
Full

Ellie Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1907	Month	Day	Years	Months Days
Sex	Male	Color or Race	Age	17	
Occupation	Farm work		Where Residing if not at place of death	Doveraster, Ind.	
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Doveraster, Ind.
Father's Name	Benjamin Thomas			Mother's Birthplace	
Mother's Maiden Name	Mary Thomas			How related to deceased	Brother
Name of person giving information	Carlton Thomas				

Abdominal pains from  
eating spoiled meat

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cramps	106	How long 1 day
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician James J. Wheeler	Address Sub-Registrar Grayton
Accident or Suicide?			



Virginia Thomas						CERTIFICATE OF DEATH	
Died at <u>La Plata</u> <small>Town</small>			County <u>Charles</u>			MARYLAND	
Date of death 190	Month 9	Day 23	Age 30	Years 30	Months 0	Days 0	
Sex Female	Color or Race Colored	Birth- place <u>La Plata</u>					
Married, Single or Widowed M	Occupation <u>Worker</u>						
Name of Wife or Husband <u>John W Thomas</u>							
Father's Name <u>Till Snover</u>	Father's Birthplace <u>La Plata</u>						
Mother's Maiden Name <u>Levia Snover</u>	Mother's Birthplace <u>La Plata</u>						
Name of person giving Information <u>John W Thomas</u>	How related to deceased Husband						

Primary

Inflammatory Phthisis. Syphilis 2 years

36

How long

Immediate

Lethemia. Heart Disease 3 days

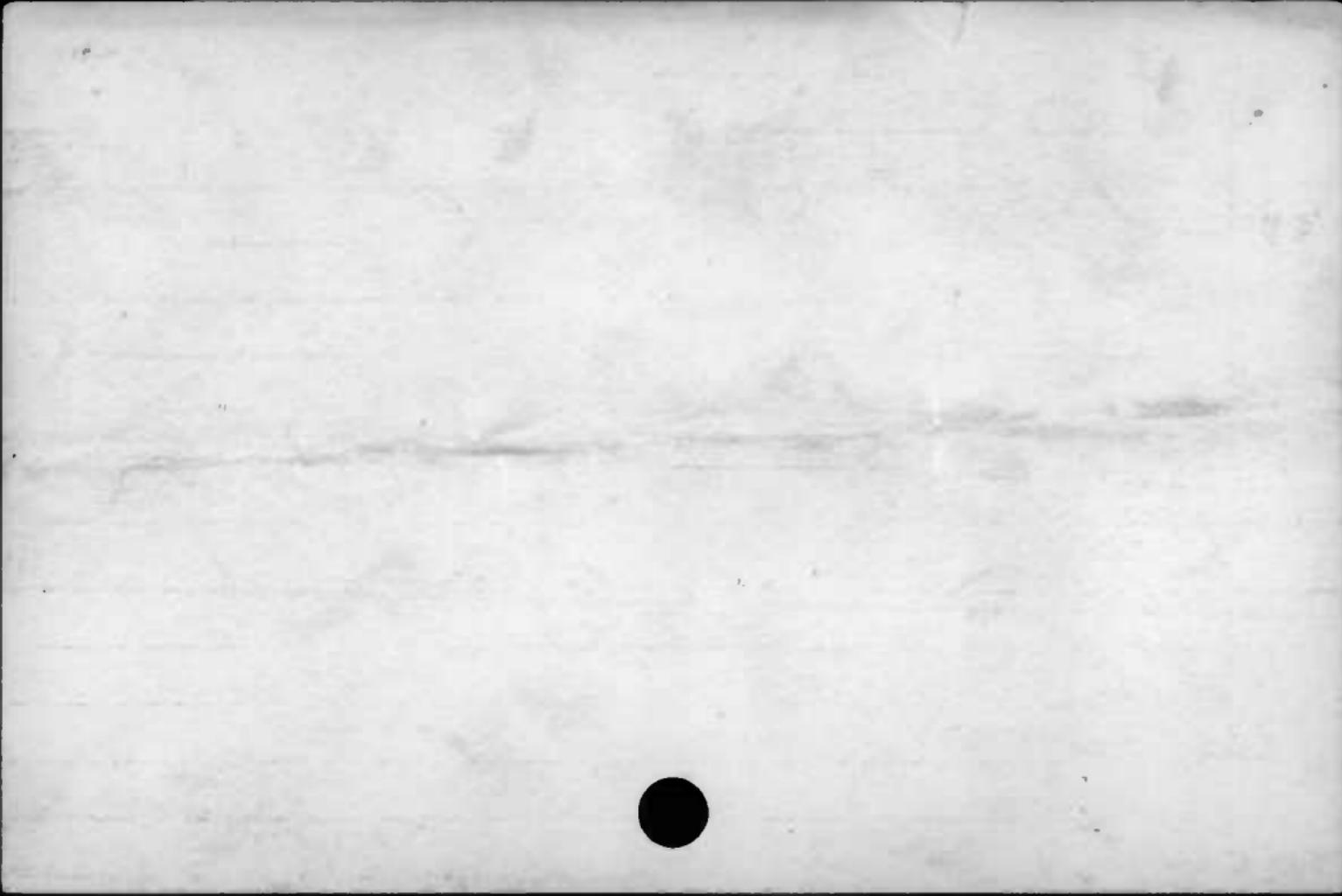
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Sigm L. Hamlin  
La Plata Md.

Accident or Suicide?



Name  
in  
Full

Moses Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at	Town	County			
Pisgah		Charles			
Date of death	Month	Day	Years	Months	Days
1907	Sep	3	—	6	28
Sex	male	Color or Race	collard	Birth-place	chase co Md
Occupation	none	Where Residing if not at place of death	<del>none</del>		
Married, Single or Widowed	Singled	Name of Wife or Husband	none	Father's Birthplace	Virginia
Father's Name	J Moses Thompson		none	Mother's Birthplace	Virginia
Mother's Maiden Name	Florence Dixon		none	How related to deceased	Father
Name of person giving Information	J Moses Thompson		179	How long	6 weeks

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Malaria

Immediate

Influenza. Meningal complications

Are the name, age, sex, color, date  
and place correctly given above?

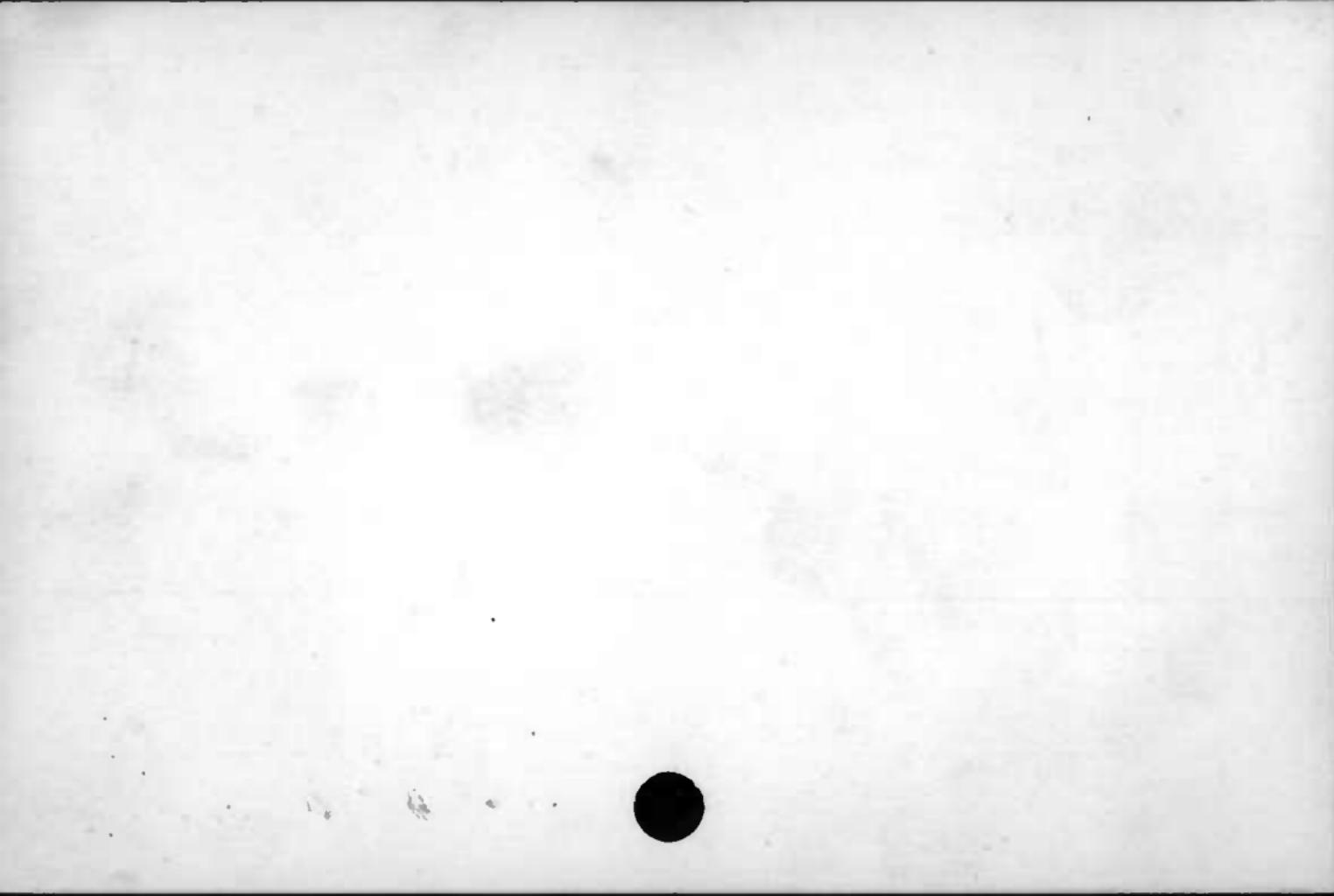
Yld

Signature of  
Physician

Address

J. B. Becknell, M.D.  
Pisgah, Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

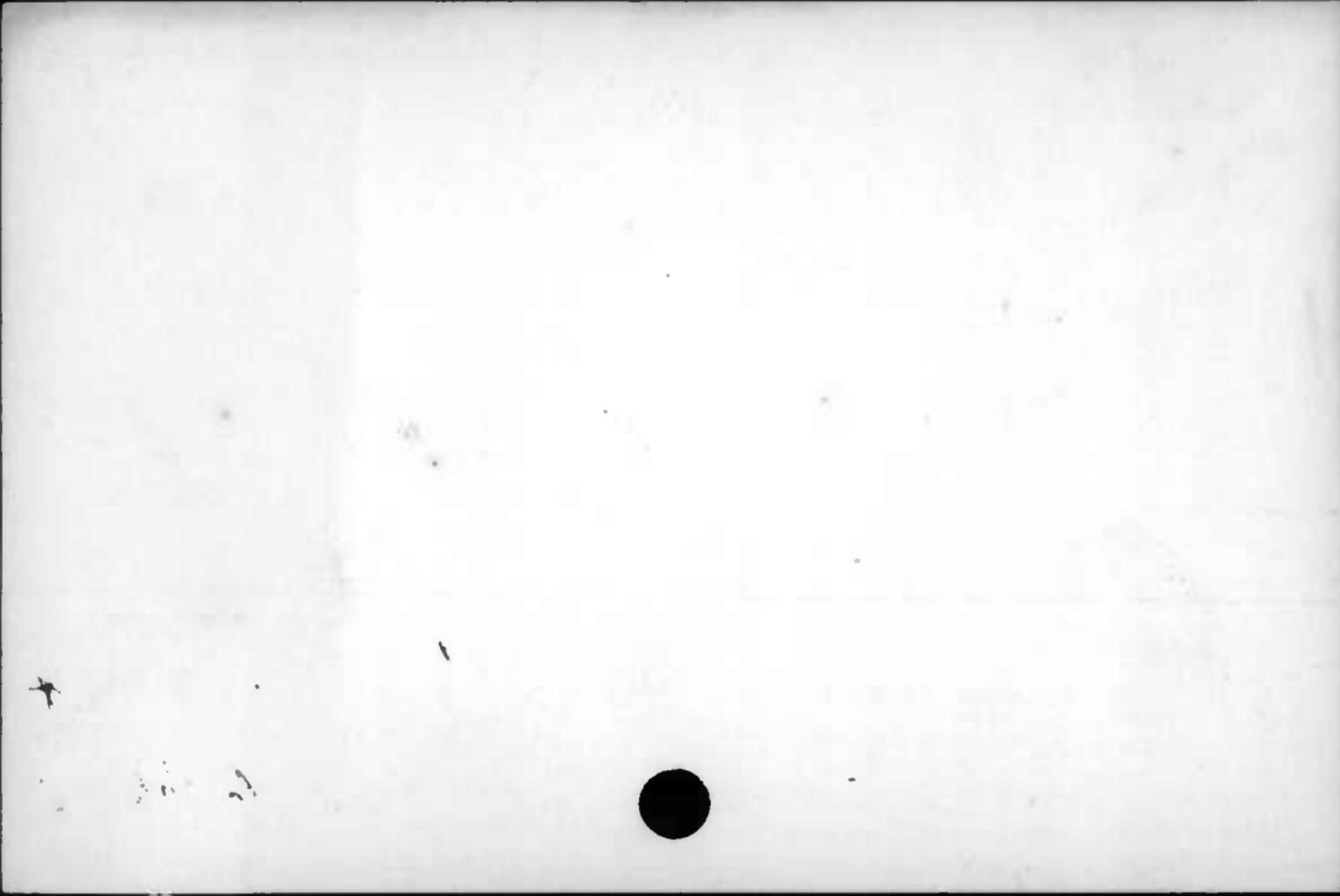
<b>Tibbs, Infant, Stillborn</b>				CERTIFICATE OF DEATH		
Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birth-place	and	
Occupation	Where Residing if not at place of death					-
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Frank Tibbs			Father's Birthplace	Md.	
Mother's Maiden Name	Henretta Tolson			Mother's Birthplace	Md.	
Name of person giving Information	Frank Tibbs			How related to deceased	Father	
CAUSES OF DEATH						
Primary	S. S. Speck Brayton Md.					
Immediate						
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician					
	Address					

PHYSICIAN  
OR CORONER

yes

Are the name, age, sex, color, date  
and place correctly given above?

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at Benedict

Town

County

St. Mary's

Date  
of death

1907

Month

9

Day

11

Years

22

Months

3

Days

—

Age

Sex

Female

Color or  
Race

White

Birth-  
place

Benedict

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Wm Williams

Father's  
Name

Wm B. Peterson

Father's  
Birthplace

Benedict

Mother's  
Maiden Name

Maggie M.

Mother's  
Birthplace

"

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

27

Hour

Primary

Consumption

2 yrs

Immediate

Heart failure

1 da

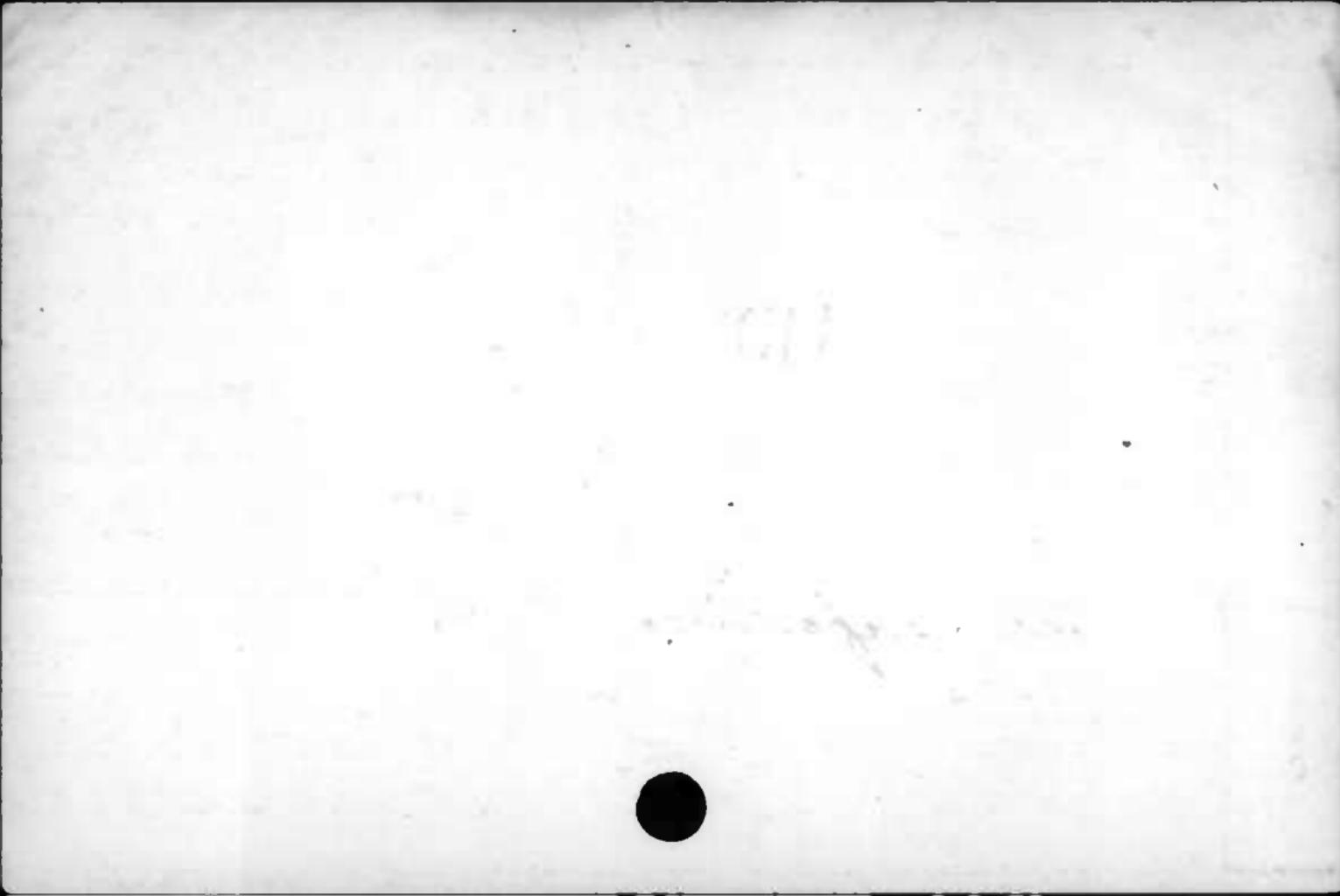
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Dr. A. L. Chapman  
Hughesville

Accident or Suicide?



Name  
in  
Full

Ruth H. Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Riverton</u>		Town <u>Charles</u> County		MARYLAND		
Date of death <u>1907</u>	Month <u>Sept.</u>	Day <u>1</u>	Years <u>in</u>	Age <u>in</u>	Months <u>in</u>	Days <u>25</u>
Sex <u>Female</u>	Color or Race <u>American</u>	Birth-place <u>Riverton, Md.</u>				
Occupation <u>in</u>	Where Residing if not at place of death <u>in</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>in</u>					
Father's Name <u>Joseph Williams</u>	Father's Birthplace <u>Washington D.C.</u>					
Mother's Maiden Name <u>Hattie L. Southland</u>	Mother's Birthplace <u>Charles Co. Md.</u>					
Name of person giving information <u>Hattie Williams</u>	How related to deceased <u>Mother.</u>					

CAUSES OF DEATH

151

How long

3 weeks

PHYSICIAN  
OR CORONER

Primary

Malaria

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Geo. C. Bicknell

Address

Piegan, Md.

Accident or Suicide?

